

JOSEPH A. JACHIMCZYK, M.D., J.D.

FORENSIC PATHOLOGIST

ATTORNEY AT LAW

CHIEF MEDICAL EXAMINER



228-8311

EXT. 671 (DAY)

EXT. 212 (NIGHT)

OFFICE OF THE MEDICAL EXAMINER
OF HARRIS COUNTY

HARRIS COUNTY COURT HOUSE
HOUSTON, TEXAS 77002

AUTOPSY REPORT

Case 73 - 3365

August 14, 1973

PATHOLOGICAL DIAGNOSIS ON THE BODY

OF

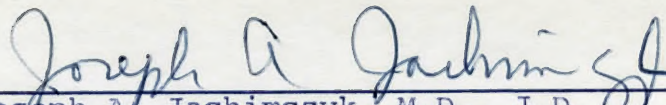
Jeffrey Allen Konen
3118 Underwood Street
Houston, Texas

Asphyxia due to strangulation and
gagging.

OPINION

It is our opinion that the decedent,
Jeffrey Allen Konen, came to his death
as a result of asphyxia due to strangu-
lation and gagging - Homicide.

It is our further opinion that the time
of death was on or about September, 1970.


Joseph A. Jachimczyk, M.D., J.D.
Chief Medical Examiner

(See Companion Cases 73-3366, 73-3408, 73-3409, 73-3412 and 73-3413)

POSTMORTEM EXAMINATION ON THE BODY OF

Jeffrey Allen Konen
3118 Underwood Street
Houston, Texas

HISTORY: These skeletal remains were recovered in a shallow grave on the beach at High Island, Texas, at 3:15 p.m. on August 10, 1973. The remains were brought to the Harris County Morgue, Houston, Texas, together with 73-3366, Unknown #19, at 6:10 p.m. on August 10, 1973. (See Companion Cases 73-3366, 73-3408, 73-3409, 73-3412 and 73-3413)

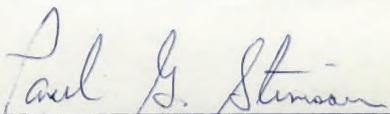
AUTOPSY: The autopsy was performed by Chief Medical Examiner Joseph A. Jachimczyk, M.D., assisted by Assistant Medical Examiners G. Sheldon Green, M.D., and Ethel E. Erickson, M.D., and Dr. Paul G. Stimson, beginning at 2:30 p.m. on August 14, 1973, in the Harris County Morgue.

EXTERNAL APPEARANCE: The skeletal remains were wrapped in plastic drop cloth-type material and weighed a total of 50 pounds. There was a skull with varying amounts of brown hair, measuring up to 6-1/2 inches in length at the crown. Around each of the wrist areas and leg areas, there was three strand nylon cord similar to that seen in the other cases. There was a strip of white adhesive tape as a gag. There was a short strand of string knotted in a Y-shape. There was a small irregular piece of cardboard on which was written the legend "FOUND AT SCENE #1" and signed "WESLEY KING". The cardboard strip measured 5-1/8 inches in length. Both feet were present. They measured 8-1/2 inches in length from toe to heel. The soft tissue was still adherent, but cheesy. The skull and mandible were both present. There were no clothes present in this crashbag. Except for the soft tissues still recognizable on each of the two feet, better preserved on the right, there was no soft tissue. There were still some tiny bits of soft tissue adherent along the long bones at the site of insertions of the muscles. The bones included twenty-four ribs, twenty-three vertebrae, the sacrum and the coccyx in one segment; the long bones included two femurs, two tibiae, two fibulae, two humeri, two radii and two ulnae. There were two clavicles, two scapulae, two pelvic bones, two patellae, the body of the sternum and the manubrium in two pieces. The distal epiphysis of one of the radii was separate. There were eight small bones of the wrist. There also were ten metacarpals and fifteen small bones of the fingers. The feet were preserved in formalin in a separate package.

Postmortem X-rays did not reveal any radiopaque objects.

DENTAL EXAMINATION

Utilizing the Universal System, all four third molars are extracted. There was an occlusal amalgam in the upper right second molar, number 2; a distal and mesial pit amalgam in the upper right first molar, tooth 3; an upper right second bicuspid has been extracted, number 4; the upper left second bicuspid, number 13, has been extracted; the upper left first molar, tooth 14, has an occlusal and a distal lingual amalgam; the upper left second molar, number 15, has an occlusal and a distal pit amalgam; the lower left second molar, number 18, has an occlusal amalgam; the lower left first molar has an occlusal amalgam and a buccal pit amalgam, tooth 19; the lower left second bicuspid, number 20, has been extracted; the lower right second bicuspid, number 29, has been extracted; the lower right first molar has an occlusal amalgam and a buccal pit amalgam, number 30; and the lower right second molar has an occlusal amalgam, number 31. The teeth were in good alignment with no open contacts. Evidence was present on the buccal surface of the molars, especially, where there had been placement of orthodontic bands due to a slight line of decalcification. The jaw relationships were normal. There were buccal caries in tooth 15 and tooth 30. A comparison was made of the radiographs, antemortem and postmortem. The antemortem radiographs belonged to Dr. W. J. Schoverling, 3931 Essex Lane, Houston, Texas, 77027, and were presented to Chief Medical Examiner Joseph A. Jachimczyk, M.D., by Federal Bureau of Investigation Agent Randall J. Farmer on October 10, 1973. The outline of the antemortem and postmortem radiographs of the fillings were exactly identical. The decedent was identified as Jeffrey Allen Konen.



Paul G. Stimson, D.D.S., M.S.

1. PLACE OF DEATH a. COUNTY Chambers				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris			
b. CITY OR TOWN (If outside city limits, give precinct no.) Precinct #1				c. CITY OR TOWN (If outside city limits, give precinct no.) Houston			
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Beach-High Island (found)				d. STREET ADDRESS (If rural, give location) 3118 Underwood			
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>				e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) Jeffrey Allen		(a) First		(b) Middle Allen		(c) Last Konen	
4. DATE OF DEATH Found 8-10-73							
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Nov. 20, 1951	
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Minutes			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student				10b. KIND OF BUSINESS OR INDUSTRY Univ. of Texas			
11. BIRTHPLACE (State or foreign country) Houston, Texas				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Harry J. Konen				14. MOTHER'S MAIDEN NAME Sara Garfland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		(If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to strangulation and gagging. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)							
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Strangled.			
20c. TIME OF INJURY Hour a.m. p.m. 8 10 73							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (On or about home, farm, factory, street, office building, etc.) Found Chambers County		20f. CITY, TOWN, OR LOCATION Precinct #1 Chambers		STATE Texas	
21. I hereby certify that I attended the deceased from found from autopsy findings to 8-10-73 and last saw the deceased alive on 8-10-73 . Death occurred at 8-10-73 m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Joseph A. Jachimczyk, M.D.				22b. ADDRESS 209 Courthouse Houston, Texas		22c. DATE SIGNED 10-10-73	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial				23b. DATE Aug. 21, 1973		23c. NAME OF CEMETERY OR CREMATORY Calvary	
23d. LOCATION (City, town, or county) Houston				24. FUNERAL DIRECTOR'S SIGNATURE Earthman Funerals-			
25a. REGISTRAR'S FILE NO.				25b. DATE REC'D BY LOCAL REGISTRAR		25c. REGISTRAR'S SIGNATURE	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

994.7
8963

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY Chambers		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Texas b. COUNTY Harris	
b. CITY OR TOWN (If outside city limits, give precinct no.) Precinct #1		c. CITY OR TOWN (If outside city limits, give precinct no.) Houston	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION Beach- (found)		d. STREET ADDRESS (If rural, give location) 3118 Underwood	
a. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		a. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First Jeffrey (b) Middle Alan (c) Last Konen		4. DATE OF DEATH Found 8-10-73	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Nov. 20, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10b. KIND OF BUSINESS OR INDUSTRY Univ. of Texas	
11. BIRTHPLACE (State or foreign country) Houston, Texas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Harry J. Konen		14. MOTHER'S MAIDEN NAME Sara Garfland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 460-84-0539	
17. INFORMANT Harry J. Konen by A. M. E.		INTERVAL BETWEEN ONSET AND DEATH	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia due to strangulation and gagging. DUE TO (b) _____ DUE TO (c) _____ CONDITIONS, if any, which gave rise to above cause (a), stating the underlying cause last.			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) Strangled.	
20c. TIME OF INJURY Hour Found Minute 8 Second 10 Year 73 a.m. UNK p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (on or about home, farm, factory, street, office building, etc.) Chambers County	
20f. CITY, TOWN, OR LOCATION Precinct #1		COUNTY Chambers STATE Texas	
21. I hereby certify that I attended the deceased from found to 8-10-73 and last saw the deceased alive on 8-10-73 m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph A. Jachimczyk, M.D.		22b. ADDRESS 209 Courthouse Houston, Texas	
22c. DATE SIGNED 10-10-73			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Aug. 21, 1973	
23c. NAME OF CEMETERY OR CREMATORY Calvary			
23d. LOCATION (City, town, or county) Houston Texas		24. FUNERAL DIRECTOR'S SIGNATURE Earthman Funerals- Robert L. Earthman	
25a. REGISTRAR'S FILE NO. 502		25b. DATE REC'D BY LOCAL REGISTRAR October 17, 1973	
		25c. REGISTRAR'S SIGNATURE Mary Dugat	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

Body #1

Earthman Funerals 73-3365
ESTABLISHED 1905

September 18, 1973

Mr. Harry J. Konen
3118 Underwood
Houston, Texas 77025

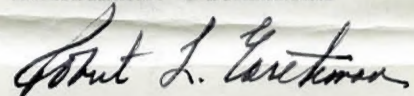
Dear Mr. Konen:

Please be advised that the Harris County Medical Examiner and H. B. Garrett, Registrar for the City of Houston Health Department, have requested the return of the two death certificates that you received on your son Jeffrey Allen Konen.

Therefore, we enclose a self-addressed envelope for your convenience in returning the death certificates to us. New death certificates will be issued and we will send them to you as soon as possible. Thank you for your cooperation.

Yours very truly,

EARTHMAN FUNERALS



Robert L. Earthman
President

cc: H. B. Garrett
Medical Examiner ✓